



ILS Module 10: Template

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Plan to have a planning meeting with the ILS team one month before the program.

Planning meeting location:		Planning meeting date:
Event title:		
Event location:		
Event date:	Event start time:	Event end time:
Time all professional staff should arrive:		
Grocery store where items will be purchased:		

Who	What	By When	Completed?
	Send out action plan and meeting notes to team		
	Print task analysis and homework		
	Contact braille production for braille copies for task analysis and homework		
	Grocery/online list for purchase		
	Pick up groceries from store (same location as last session); email consultant the pickup time		
	Pick up groceries from store		

Review of Previous Session:

Potential Solutions for Issues:

Agenda (Fillable)

Time	Activity
	Staff should arrive 1.5 hours before the event for setup
	Arrival, nametags, hand sanitizer, agenda, quick snack, introductions, and overview. Then break into groups for stations.
	Station 1:
	Station 2:
	Station 3:
	Station 4:
	Station 5:
	Station 6:
	Station rotation
	Station rotation
	Either eat and go over homework or build eating time into station rotations
	Wrap up and end of program

Groups

For each group, list the child's first name, age, and reading medium (contracted or uncontracted braille, large print, enlarged print, regular print, auditory). It is usually easiest to group preschool-aged children, elementary-aged children, middle-school-aged students, and high-school-aged students respectively, but you may find some children need specialized instruction based on their unique needs. It is important that you keep in mind how many instructors you have. If you have a large number of children, you may find it easier to break them into separate sessions. You may find you only need two or three groups. You can individualize this to the number of children you are serving.

For each child list: Age and reading medium:

Group 1

Child	Age	Reading Medium
Child 1		
Child 2		
Child 3		

Group 2

Child	Age	Reading Medium
Child 4		
Child 5		
Child 6		

Group 3

Child	Age	Reading Medium
Child 7		
Child 8		
Child 9		

Group 4

Child	Age	Reading Medium
Child 10		
Child 11		
Child 12		

Rotations (Fillable)

For each station, list the station name, skills covered, number of instructors, and amount of time to complete the station (in minutes). You may not need 6 stations for each session you create.

Station 1 name:	
Number of instructors:	Number of minutes:
Skills covered:	

Station 2 name:	
Number of instructors:	Number of minutes:
Skills covered:	

Station 3 name:

Number of instructors:

Number of minutes:

Skills covered:

Station 4 name:

Number of instructors:

Number of minutes:

Skills covered:

Station 5 name:

Number of instructors:

Number of minutes:

Skills covered:

Station 6 name:

Number of instructors:

Number of minutes:

Skills covered:

Rotations

Set which “Group” will participate in a given “Station.” Remember some stations may take longer than others, so some groups may be assigned to multiple stations per rotation. Fill in the start times on the left column and the stations under each group.

Time	Group 1	Group 2	Group 3	Group 4

Person responsible for order:		
Date to order:	Grocery store website:	
Username:		Password:
Store:		
Address:		
City:	State:	Zip:
Time of pickup:		Person responsible for pickup:

Grocery List

Perishable items

Non-perishable items:

Online Items to Purchase

Website address for purchase:	
Username:	Password:
Date to order:	Person responsible for ordering:
Items to order:	

Materials:

Time staff should arrive ahead of families and set up all stations:

Have one staff member pick up groceries from an order-ahead grocery store approximately 2 hours before the program start time.

Stations

Check-In Station

Nametags arranged in alphabetical order (all nametags with large print and braille). Have sticker nametags and thick black marker for parents to write their own (the parent who is attending often changes, whereas the child who is attending does not). Have hand sanitizer at the station.

Snack Station

Near the check-in station, set up a small station for families to grab a quick snack; most families are coming from work if you have it in the evening. Make sure you have snack plates, serving utensils, napkins, and water bottles available.

Discussion Area

Set up an area for families to sit prior to starting at the stations (several large tables in a U shape or rectangle shape works well). It is best to not have families sit at the stations prior to instruction; it will keep each station intact and help them focused on your discussion.

Station 1 name:

Station 1 description:

Station 2 name:

Station 2 description:

Station 3 name:

Station 3 description:

Station 4 name:

Station 2 description:

Station 3 name:

Station 5 description:

Station 6 name:

Station 6 description:

Hello ILS Families!

We are looking forward to our 2020 Independent Living Skills (ILS) workshops in [Location]. As in the past, we are planning to meet at [Training site]. Please mark your calendars for the following dates:

[List days and dates]

All ILS workshops begin at [Time] and end by no later than [Time].

Please take a moment to respond to this email and let me know if you will be attending the [Date] training. Our ILS team spends a significant amount of time planning for these events, and we want to be sure we have the right number of materials and purchase the correct amount of food and supplies, without excess.

Please be aware, if there is inclement weather and the [Location] school system is closed on [Date], we will not reschedule the event but will hold our next session on [next planned date on your list of dates]. Please do not hesitate to contact me if you have questions.

On [Meeting date] please have your child bring the items listed below. Please do not purchase items if you do not have them; we'll have a few of each on hand that you can use during the activity.

Example:

- Jacket
- Gloves
- Hat
- Boots
- Shoes that tie
- Snow pants

We will be working on dressing skills with these items and working on shoe tying (if your child has shoes in addition to boots, please bring both).

We look forward to seeing you in 2020!

Kind regards,

Your Name
Credentials
Contact Information

Parent name (optional):

Age range of your child:

- ☐ 2-6 years
☐ 7-10 years
☐ 11-17 years

How many workshops have you attended?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Check all that apply:

- ☐ My child participated in the homework.
☐ I have utilized the resources/task analyses given.
☐ I find the program to be beneficial to my child.
☐ I plan to attend future ILS programs.

List up to 2 skills you want to learn in the future ILS workshops:

What is something you like about the ILS trainings?

What would you like to see changed about the workshops?

I would like further training on:☐ Cleaning Skills:

- Cleaning a toilet
- Dusting
- Sweeping
- Vacuuming

☐ Hygiene Skills

- Bathing
- Face washing
- Shaving
- Toothbrushing

☐ Home Maintenance Skills

- Changing a battery
- Changing a lightbulb
- Using a hammer

☐ Dressing Skills:

- Fasteners (zippers, buttons)
- Putting on clothing
- Shoe tying

☐ Organizational Skills

- Clothing: Hangers and folding
- Marking bottles
- Organizing food/refrigerator
- Time management

☐ Laundry Skills

- Setting a machine
- Sorting laundry
- Stain removal

☐ Cooking Skills:

- Measuring skills
- Microwave skills
- Opening packages
- Pouring skills
- Stove skills